

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10821041
APPLICANT(S)

FILING DATE 04/10/10

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1														
2		1		1										
3		2		2										
4		2		2										
5		2		4										
6		1		4										
7		1		1										
8		1												
9		1												
10		2												
11		2												
12		1												
13		1												
14		1												
15	1		1											
16		1		1										
17	1													
18		3												
19		3												
20		3												
21		1		1										
22		1		2										
23	1		1											
24		1		1										
25		2		2										
26		2		2										
27		1		1										
28		①		1										
29				1										
30				1										
31				1										
32														
33														
34														
35														
36														
37														
38														
39														
40														
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL IND.	4		3											
TOTAL DEP.	37		26											
TOTAL CLAIMS	41		29											
51														
52														
53														
54														
55														
56														
57														
58														
59														
60														
61														
62														
63														
64														
65														
66														
67														
68														
69														
70														
71														
72														
73														
74														
75														
76														
77														
78														
79														
80														
81														
82														
83														
84														
85														
86														
87														
88														
89														
90														
91														
92														
93														
94														
95														
96														
97														
98														
99														
100														
TOTAL IND.														
TOTAL DEP.														
TOTAL CLAIMS														